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Bib Data Sheet

CONFIRMATION NO. 7568

SERIAL NUMBER 10/816,204	FILING DATE 04/01/2004 RULE	CLASS 365	GROUP ART UNIT 2827	ATTORNEY DOCKET NO. 852663.411
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APPLICANTS

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** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

FRANCE 03 04077 04/02/2003

yes @

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/16/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	FRANCE	4	18	2

ADDRESS

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TITLE

Double read stage sense amplifier

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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